FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000065993

 Corporation 	n Name									
ALICE FO	OOD MART, INC.									
							1 FRANCIS DE 180 FRAN			
								4611 6 14 1411		
Principal Place	e of Business	Mailing Addres	SS			•		BBILB BILD) BIIIB I	418 IBIO	111) (88)
2501 OLD DIXIE HIGHWAY 2501 OLD DIXIE HIGHWAY										
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404										
							DO NOT WRITE IN	THIS SPACE		
							3. Date Incorporated or Qualifed			
							07/28/1997			
2. Principal Pl	lace of Business	2a. Mailing Add	a. Mailing Address				4. FEI Number	Applied For Not Applicable		
21 .	Name of the second seco	26					65-0775696	60.7		
Suite, Apt.	#, etc.	⊢	Suite, Apt. #, etc.				5. Certificate of Status Desired			
22		27 City 9 Ctat						 :		
City & State	Benedit in the Carlot of C	City & State	.e ,			`	6. Election Campaign Financing Trust Fund Contribution		DO May led to Fe	
23 Zin	Country	28 Zip		Country	,		8. This corporation owes the current year		<u> </u>	
Zip	25	29	30	, ·	,		Personal Property Tax.	Yes		10
24	9. Name and Address of Current			-			10. Name and Address of New Registe			-
	a. Haine and Address of Continu	. regional rigon		81	N.	ame				
HAM	ID, ALICE				<u> </u>		(D.O. Davidson in Mat. Accordable)			
757 WEST 5TH STREET				82	: S	treet Addre	ess (P.O. Box Number is Not Acceptable)			
RIVIERA BEACH FL 33404				83	1		· · · · · · · · · · · · · · · · · · ·			
~										
				84	۱ C	ity		FL 85 2	Zip Code	*
44 Purcuant	to the provisions of Sections 607 0503	2 and 607 1508. Flo	orida Statutes	the above	(B-D2	med corpo	eration submits this statement for the purpor	se of changing	its regi	stered
office or n	enistered agent, or both, in the State o	of Florida, Such cha	ange was autho	orized by	the.	corporatio	n's board of directors. I hereby accept the a	appointment a	s registe	red
agent. I a	m familiar with, and accept the obligat	ions of, Section 607	7.0505, Florida	Statutes	s.					-
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable	(NOTE: Rec	nistered Age	ent sign	nature required	when reinstating) DAT	ΓE		
12.	OFFICERS ANI		(11012113	13.		•	ADDITIONS/CHANGES TO OFFICER	S AND DIREC	CTORS	IN 12
TITLE	PD		DELETE	1.1 TITLE			,	☐ Char		Addition
NAME	HAMID, YASIR			1.2 NAME						Ì
STREET ADDRESS	757 WEST 5TH STREET			1.3 STREE	TADO	RESS				
CITY-ST-ZIP	RIVIERA BEACH FL 33404			1.4 CITY-S						
TITLE	VD		DELETE	2.1 TITLE				☐ Char	ige [Addition
NAME	HAMID, KHALID	_		2.2 NAME						Í
STREET ADDRESS	5100 45TH ST. F			2.3 STREE		RESS				ļ
CITY-ST-ZIP	W PALM BCH FL 33407			2. 4 CITY-5		- 1				1
TITLE -			DELETE -	3.1 TITLE			· comment of the comment	☐ Char	ige [Addition
NAME	;			3.2 NAME						ļ
STREET ADDRESS	ĺ		•	3.3 STREE		RESS				
CITY-ST-ZIP				3.4. CITY-5	ST-ZIF	,				
TITLE			DELETE	4.1 TITLE				Char	ıge [Addition
NAME				4, 2 NAME						ļ
STREET ADDRESS	•			4.3 STREE		ORESS				Ì
CITY-ST-ZIP				4.4 CITY-S		l	-			
TITLE			DELETE	5.1 TITLE	1			· Char	ige [Addition
NAME				5.2 NAME			·			
STREET ADDRESS				5.3 STREE	T ADE	RESS	•			
CITY-ST-ZIP				5.4 CITY-S	ST-ZIF	,				Ì
1071-51-2IP			DELETE	6.1 TITLE				[] Char	nge [Addition

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

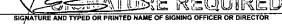
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS



Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90013 025 ***150.00